General Information

**APPLICATION FOR CATEGORY 1™ CREDIT DESIGNATION FOR A REGULARLY SCHEDULED SERIES (RSS)**

The University of Michigan Medical School (UMMS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians. As an accredited provider, the University of Michigan Medical School, through the Office of Continuing Medical Education and Lifelong Learning (OCME&LL), can designate an activity developed by the Medical School for AMA PRA Category 1 credit.

Each section of this application is designed to meet various ACCME, AMA, and UMMS requirements. In completing the application, the applicant (UMMS Faculty Planner) is assisting the OCME&LL in documenting that all of the requirements will be met. ACCME randomly audits category 1 CME activities to verify compliance (and documentation of compliance) with ACCME requirements.

**Planning Resources Available for Review before Beginning this Application:**

- [Educational Planning Linking Problems and Results for a Regularly Scheduled Series (RSS)](#) - This document illustrates planning terminology from ACCME that is used when completing this application for CME credit.

- [Planning a Regularly Scheduled Series (RSS) that Facilitates the Translation of New Knowledge into Practice](#) - This document illustrates how to plan not only for learning, but also for that knowledge to be implemented.

**Fees** No separate fee is charged for designating credit for a regularly scheduled series planned for UMHS personnel. The UM Medical Group annually funds this cost.

**APPLICATION: TIPS & TRICKS**

All progress is automatically saved. If you don't finish the application in one sitting, the form will remember where you left off and bring you back to that point the next time you sign in.

The link you are using to access the application is unique. It can be shared with anyone else who may need to access, review, or edit the application prior to submission to OCME&LL.
Navigate using the "Previous" and "Next" buttons, not the browser buttons.

Only relevant questions will display. Built-in logic displays only those questions that you need to answer, and skips those that are not relevant to your activity.

Click on the blue links for additional information (i.e. examples, additional required documentation).

Attach additional documentation at the end of the application. If you don't have everything gathered and in PDF format, you can always come back (remember, your progress will be saved).

Incomplete applications will not be processed. All required documentation must be attached for submission.

DEPARTMENTAL APPROVAL PROCESS

- Electronic signature now required for Faculty Planner. The Faculty Planner completing this form (or his/her designee) will be required to enter an electronic signature, indicating that the Faculty Planner agrees the activity will adhere to all ACCME and UMMS requirements as described in the application.

- A summary of the application and attachments will be emailed upon submission to the Faculty Planner, Administrative Contact (if applicable), and the Department Chair.

- Department Chair approval will be requested via the email sent upon submission (see above).

- Department Chair will approve application in one of two ways:
  - Reply to the automated email, indicating approval, questions, or comments. The reply email replaces the need for a physical signature.
  - Print the email, sign and date anywhere in the margin, and fax to 647-2928.

- Applications that are not returned signed within 30 days will be considered inactive and will need to be resubmitted by the Faculty Planner in order to receive credit.

GENERAL INFORMATION

What is the title of this activity?

Have you applied for credit designation for this activity previously?
No, this is a new activity.

Yes, we are renewing credit for an existing activity.

Enter the previously assigned 5-digit program number, if known. 

How often will this activity occur?

On what day(s) will this activity occur?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time will this activity start? (Include AM or PM)

What is the typical duration of this activity? (Calculated in hours, to the nearest quarter hour)

Where will this activity take place?

- Ann Arbor, MI
- Other Provide City/State
The UMMS unit sponsoring this activity is:

If other, please indicate the UMMS unit sponsoring this activity below.

The Internal Medicine Division is:

The Surgery Section is:

Faculty Planner
Faculty member with a Medical School appointment responsible for educational planning, content delivery, and financial oversight of this activity.

First Name
Last Name
Degree
Campus Address
SPC Code
Phone
Email
Activity Coordinator
Staff member assisting the Faculty Planner with the administrative and operational functions of this activity.

First Name

Last Name

Campus Address

SPC Code

Phone

Email

Department Chair or equivalent leader authorizing this activity

First Name

Last Name

Email

CME activities are occasionally jointly provided with:

- **Other Schools at the University of Michigan**, e.g., School of Pharmacy, School of Engineering
- **Groups or organizations external to the University**, e.g., specialty societies, non-profit 501(c) organizations. If the external group or organization is not under the direct administrative and financial oversight of the University of Michigan Health System, the organization is considered to be a joint provider. *(Note: the Veterans Administration Ann Arbor Healthcare System is considered to be under UMHS due to joint oversight of physicians practicing there.)*

Whether a CME activity is directly or jointly provided, the chair of the sponsoring department within the University of Michigan Medical School and the UMMS faculty planner designated by the chair assume full responsibility for educational planning, content delivery, and financing of the CME activity and for meeting ACCME requirements for *AMA PRA Category 1* credit.

**Is this activity jointly provided with a non-Medical School unit or external group/organization?**

- [ ] Yes
- [ ] No
**Supplemental Documentation for Joint Providership with non-Medical School Groups**

The Accreditation Council for Continuing Medical Education states:

*ACCME expects all CME activities to be in compliance with all ACCME requirements and policies (including the Standards for Commercial Support). In cases of joint providership, it is the responsibility of the accredited provider (i.e. UMMS) to maintain an activity file that demonstrates this compliance.*

**The fortuitous presence of a UMMS faculty member on another organization's planning committee is not adequate to designate credit.** This individual or another faculty member of the Medical School should be designated by the relevant department chair (or equivalent authority) to represent the Medical School in the oversight, planning, content delivery, and financing of the CME activity. Planners representing the Medical School should be formally designated and should check with the Office of Continuing Medical Education and Lifelong Learning (OCME&LL) regarding their responsibilities in advance of planning the activity.

The following questions provide supplemental documentation to verify that the University of Michigan Medical School has met its responsibilities for assuring that the ACCME requirements were met when planning and presenting this activity.

**What non-Medical School organization(s) is/are jointly providing this activity?**

<table>
<thead>
<tr>
<th>Name of Organization</th>
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<tr>
<td>Contact at Organization</td>
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<td>Title</td>
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<td>Address</td>
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<td>Phone</td>
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<td>Email</td>
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</tbody>
</table>
Did the University of Michigan Medical School Faculty Planner responsible for this activity participate in the assessment of the educational needs of the target audience before the activity was developed?

- Yes
- No

Did the University of Michigan Medical School Faculty Planner responsible for this activity participate in the development of the objectives of the activity?

- Yes
- No

Did the University of Michigan Medical School Faculty Planner responsible for this activity participate in the selection of speakers and content topics?

- Yes
- No

REQUIRED: A copy of the proposed budget for the expenses of this activity is required for the activity file. An example Budget for Jointly Provided Activities is available here.

Will the Faculty Planner submit with this application a copy of the proposed budget?

- Yes
- No

Does the University of Michigan Medical School Faculty Planner know the administrative arrangements regarding the activity, including the planned and actual expenditures and their appropriateness?

- Yes
- No

Will the Medical School's name appear prominently as a joint provider on all promotional materials and printed programs?
Yes

No

If the activity is audited by ACCME for compliance with the above requirements and adherence to policies in this application form, can the Faculty Planner produce documentation demonstrating compliance?

- Yes
- No

Besides the Faculty Planner, are there other individuals who have a role in planning the content of this activity?

- Yes
- No

If yes, please list other individuals who have a role in planning educational content of the activity. If the activity is jointly provided, include planners representing the joint provider.

Co-planner

Co-planner

Co-planner

Co-planner

Co-planner

Co-planner

Co-planner

Co-planner

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Co-planner

Co-planner

Co-planner

Co-planner

Co-planner
EDUCATIONAL PLANNING

Target Audience

Select the target audience below and then indicate the number of expected attendees:

- Non-UM practicing physicians 0
- Full or part time UM faculty 0
- House Officers 0
- Medical Students 0
- Other Disciplines (e.g., Nursing, Social Work) 0

Total 0

Indicate the specialties/disciplines of expected attendees within the target audiences chosen:

- Non-UM practicing physicians
- Full or part time UM faculty
- House Officers
- Medical Students
- Other Disciplines (e.g., Nursing, Social Work)

Problem(s) with Current Professional Practice [Practice Gaps]

Planning begins by identifying practice gaps (i.e. gaps between current practice and ideal practice) found within the target audience (e.g., physician awareness, patient outcomes to improve, new methods of diagnosis and/or treatment to implement, not adequately implementing existing methods of diagnosis and/or treatment).

Direct information about practice gaps within the target audience have been identified through: (Check all applicable statements.)

- Medical audit or other patient-care reviews
- Problem cases and uncommon cases
Referrals

- Participant perceptions of problems / needed change (e.g., group discussion, interview, questionnaire)
- Observations of CME planner, clinical leader(s), or others
- Other

Broad-based information about practice gaps likely to apply to practices of the target audience have been identified through: (Check all applicable statements.)

- Publications/scientific literature about clinical innovations in practice
- Reports on regional/national performance in practice
- Presentations at national professional meetings about needed change in practice
- Review of Board Exam requirements
- Planned periodic survey of the field
- Other

Leaders in the sponsoring unit (e.g., department, division, section) who identified problems: (Check all applicable statements.)

- Inpatient clinical activities (e.g., service chief)
- Outpatient clinical activities (e.g., clinic director, health center medical director)
- Quality improvement leader
- Compliance officer
- Other leader

What types of practice gaps did you identify in care provided by the target audience? (e.g., physicians not aware of new methods for diagnosis and treatment; aspects of care to improve; patients outcomes to improve.) For CME activities addressing many topics, the types of problems will necessarily be phrased in general terms with area of practice noted.
How to phrase a general practice gap: Physicians are not aware of new techniques in several aspects of pediatric liver transplant.

Please provide an example of a specific practice gap (i.e. for a specific medical condition) in physician awareness, patient care, or patient status that resulted in planning a specific session:

How to phrase a specific practice gap: Physicians are not aware of new anesthesia techniques in pediatric liver transplant.

Related Educational Needs of Individuals

Please provide a specific example of the educational need of participants that this activity will address for the specific practice gap in physician awareness, patient care, or patient status described immediately above.

How to phrase a specific educational need: Physicians need to understand new anesthesia techniques for pediatric liver transplant.

What are the general types of educational needs of the target audience that, if met, would help address the overall practice gaps and bring about desired change(s) in the practice of the target audience?
Educational needs typically include both:

- **Knowledge/skills** – information about new scientific knowledge/skills and review of current knowledge/skills

- **Ability to implement changes to apply knowledge/skills in practice** – i.e. how to identify and overcome barriers and how to recognize and build on facilitating factors (e.g., quick references, patient education material, reminders, use of health care team members).

**The following ACGME/ABMS Core Competencies will be addressed by this activity: (Check all that apply.)**

### Medical Knowledge

<table>
<thead>
<tr>
<th>Knowledge/Skills</th>
<th>Ability to implement changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know &amp; apply basic and clinically supported sciences</td>
<td>□</td>
</tr>
<tr>
<td>Investigatory and analytical thinking approach to clinical situations</td>
<td>□</td>
</tr>
<tr>
<td>Know how to perform medically-related research</td>
<td>□</td>
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</table>

### Patient Care

<table>
<thead>
<tr>
<th>Knowledge/Skills</th>
<th>Ability to implement changes</th>
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<tbody>
<tr>
<td>Informed decisions about diagnosis, treatment, and management</td>
<td>□</td>
</tr>
<tr>
<td>Perform medical and invasive procedures</td>
<td>□</td>
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<tr>
<td>Preventive health care services and maintaining health</td>
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</table>

### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Knowledge/Skills</th>
<th>Ability to implement changes</th>
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<tbody>
<tr>
<td>Analyze practice experience and improve practice</td>
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</tbody>
</table>
Use information technology, locate and assess evidence

Interpersonal and Communication Skills

Patient relationship; effective listening and effective information provision
Work effectively with others in health care team and professional group

Professionalism

Respect, compassion, integrity; medical ethics; medico-legal issues
Sensitivity to diverse patient population (culture, age, gender, etc.)

Systems-Based Practice

Cost-effective health care that does not compromise care quality
Multispecialty/multidisciplinary coordination of care

Program Content and Format

Most regularly scheduled series fall under one of the following three categories:

1. A series of specific topics scheduled well in advance (e.g., grand rounds, research conference)
2. A series of topics determined shortly before the session based on instructional “material” from current cases or journal articles (e.g., case conferences, morbidity and mortality conferences and journal clubs)

3. A series that includes a combination of both – *topics selected well in advance and topics determined shortly before the session*

This activity will consist of:

- [ ] A series of specific topics scheduled well in advance
- [ ] A series of topics determined shortly before each session
- [ ] A combination of both

**Activities with specific topics scheduled well in advance (e.g., grand rounds, research conference)**

For each of the three most recent sessions, please list:
- Date of presentation
- Lecture title or educational topic discussed
- Presenter's name

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<tr>
<th>Session #1</th>
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<th>Session #2</th>
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<tr>
<th>Session #3</th>
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**For each of the next three planned sessions, please list:**
- Date of presentation
- Lecture title or educational topic discussed
- Presenter's name

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<thead>
<tr>
<th>Session #1</th>
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<th>Session #2</th>
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Session #3

For a series of topics determined shortly before the sessions based on instructional “material” from current cases or journal articles (e.g., case conferences, morbidity and mortality, journal clubs) describe the process by which specific cases or articles are selected in advance of the activity.

**Educational material to be utilized (e.g., type of patients, type of journal articles):**

**Educational criteria used to select specific topics utilizing the current educational material** (e.g., cases not frequently seen; case illustrating unusual, complex management issues; articles with new information likely to change practice)

**Who selects the educational topics and materials for a specific session?** *(include the Faculty Planner and anyone else involved)*

**Who assures that the planning and selection of topics and material across sessions is coordinated (e.g., priorities addressed, not redundant)?** *(include...*
For each of the three most recent sessions, please list:
- Date of presentation
- Lecture title or educational topic discussed
- Presenter's name

<table>
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<tr>
<th>Session #1</th>
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Advance information, if any, given to the target audience about the material to be discussed.

Does this activity address any of the institutional priorities listed below?

<table>
<thead>
<tr>
<th>Priority</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Medical discovery</td>
<td></td>
<td></td>
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<tr>
<td>Patient quality/safety</td>
<td></td>
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<tr>
<td>Health promotion</td>
<td></td>
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<tr>
<td>Professional development</td>
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<tr>
<td>Health equity</td>
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</table>

Does the content match the target audience’s current or potential scope of professional activity?

- Yes
- No
### Does this CME activity address public health priorities in any of the following ways?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaches about collection, analysis, or synthesis of health/practice data, AND uses health/practice data to teach about healthcare improvement.</td>
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<tr>
<td>Addresses factors beyond clinical care that affect the health of populations (e.g., health behaviors, economic, social, environmental conditions; healthcare and payer systems; access to care, health disparities; or the population's physical environment)?</td>
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<tr>
<td>Collaborates with one or more healthcare or community organizations that augment the institution's ability to address population health issues.</td>
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</table>

### Does this activity promote team-based education in any of the following ways?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Includes both planners AND faculty presenters from more than one profession (e.g., nursing, social work), AND is designed to change competence and/or performance of the healthcare team.</td>
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</tr>
<tr>
<td>Includes both planners AND faculty presenters who are patients and/or public representatives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes both planners AND faculty who are students of the health professions.</td>
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</table>

### Is this CME activity designed to enhance skills in any of the following ways?

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<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Designed to improve, evaluate (in person or video), and provide formative feedback to the learner about their communication skills.</td>
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</tr>
<tr>
<td>Addresses technical and/or procedural skills, evaluates those skills (in person or video), and provides formative feedback to the learner.</td>
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<tr>
<td>Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months AND provides individualized feedback to the learner to close practice gaps.</td>
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<tr>
<td>Utilizes support strategies (e.g., reminders) to enhance change as an adjunct to CME activities AND conducts a periodic analysis to determine the effectiveness of the support strategies, AND plans improvement of those support strategies.</td>
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</table>
Content Validation

Accredited providers are responsible for validating the clinical content of their CME activities. Specifically:

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Will the faculty planner assure the validity of the clinical content in planning the activity and overseeing its presentation?

- Yes
- No

Balance in content

Faculty presenters and/or authors for the CME activity should be aware that:

- Presentations, individually or in combination during the activity, must give a balanced view of the therapeutic options.
- Generic names of products contribute to impartiality. If trade names are used, those of several companies should be used.
- For FDA regulated products, unapproved uses (i.e. “off-label” uses) must be identified as such.
- If information is to be presented that is not established medical practice, the information must be identified as such.

How will faculty be informed of these requirements concerning presentation content? (Check all that apply.)

- Verbally by the Faculty Planner
- Written communication by the Faculty Planner
- Other

In what format will this activity be presented? (Check as many as apply.)

- Clinical case conference; morbidity & mortality conference
- Lectures
- Panel discussions
- Case-based discussions
Small group discussions
☐ Skill-based training
☐ Simulation
☐ Other

Why is the format appropriate for the setting and expected results of this activity? (Check as many as apply.)

☐ New information can be communicated to participants efficiently
☐ Participants can check whether their understanding is correct
☐ Participants can practice using new knowledge and skills
☐ Other

Expected Results

While all CME activities expect to change or confirm knowledge/skills, ACCME now requires that a CME activity will expect to change the individual’s ability to implement recommended practices. Additionally, an activity may expect to change subsequent performance of participants and outcomes of their patients.

By the end of this activity, participants will intellectually know:

By the end of this activity, participants will be able to implement: Reminder: This statement should reference being able to implement new knowledge or new skills into practice.
**Following this activity,** it's expected that the participant routinely will be able to perform:


**Following this activity,** the following patient outcomes are expected to be improved:


Is this CME activity designed to **achieve outcomes** in any of the following ways?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Measures performance changes of learners AND demonstrates improvements in their performance.</td>
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<tr>
<td>Demonstrate improvements in healthcare quality.</td>
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<tr>
<td>Demonstrate improvement in patient or community outcomes.</td>
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Communicating the Purpose and Expected Results

The purpose and expected results of the CME activity must be conveyed to the target audience so that individuals can determine whether the CME activity is likely to meet their personal learning needs. For a regularly scheduled series this information should be communicated (or reviewed) at least annually.

**How will the purpose and expected results be communicated to the target audience?** *(Check as many as apply.)*

- [ ] In written materials in advance of the activity (e.g., brochure, notice)
- [ ] In written materials at the activity (e.g., handout, posted sign)
Information about the target audience, purpose, and expected results of the activity should also be conveyed to faculty presenters to help them plan their presentations.

**How will this information be communicated to the faculty presenter(s) responsible for conducting the educational activity?** *(Check as many as apply.)*

- Written communication by the Faculty Planner
- Verbally by the Faculty Planner
- Other

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**Attendance Record & Evaluation of the CME Activity**

In order to designate *AMA PRA Category 1 Credit™*, providers are required to:

- Maintain attendance records for participants for a minimum of six years for each activity.
- Demonstrate a formal process to evaluate the educational effectiveness of each activity.

The following options are available to meet these requirements:

- **eCAT system** - For internal activities planned primarily for UMHS faculty and staff, participants will record their own attendance online on their CME transcript after completing a short evaluation.
- **Department-issued certificate of attendance/evaluation form** - The sponsoring department may choose to provide their own certificate of attendance and evaluation form, both of which OCME&LL will need to approve in advance.

**Which method will be used by participants to record their attendance and evaluation of the CME activity?**

- eCAT system
- Department-issued certificate/evaluation form *(Submit drafts of each with this application.)*

**How will the evaluation(s) be used?** *(Check as many as apply.)*

- The Faculty Planner will review the evaluation(s) to determine whether objectives were met
Feedback will be provided to the presenter(s)
The evaluations will be used in planning future CME activities (e.g., topics, presenters, format)
Other

FINANCIAL MANAGEMENT

Budget/Finances

What funds will pay for the expenses of this CME activity? (Check as many as apply.)

- Internal funds of a UM Medical School Unit
- Participant registration fees of $__________ (fee per person)
- Financial or “in-kind” (e.g., equipment loan) support from a commercial company
- Other support (e.g., federal grant)

Will the Faculty Planner for this activity assure that the management of all of the funds for the CME activity adhere to University policies and procedures?
- Yes
- No

Guest Faculty Honoraria

Will this activity involve honoraria paid to non-Medical School personnel?
- Yes
- No

The Medical School has established general guidelines for guest faculty honoraria and should approve, in advance, any proposed honorarium over $1,500.
Will any honorarium payment for guest faculty associated with this activity exceed $1,500?

○ Yes
○ No

If yes, approval for an exception to the honoraria guidelines (any honorarium over $1,500) must be obtained in advance of the activity. (Reasons for higher than normal honoraria include an unusually high number of hours worked or the honorarium being part of a special recognition, e.g., a named lectureship). Contact the Assistant Dean of Faculty Affairs to discuss your specific situation. Without prior approval, amounts outside the guidelines may not be paid.

Approval letters must be submitted with this application. If honoraria will be paid by another method (e.g., contracted services through the Purchasing Office), please contact OCME&LL.

Will the Faculty Planner provide a copy of the approval letter for honoraria over $1,500?

○ Yes
○ No

MANAGING RELATIONSHIPS WITH INDUSTRY

Expectations, Definitions, and Resources (Information)

Expectations. ACCME requires a sequence of the following related actions:

1. Identification of relevant financial relationships at both the activity level and individual level. If the content planned for the CME activity includes content related to the products or services of an ACCME-defined commercial interest, all individuals in control of educational content, e.g., planners and presenters, must disclose the presence or absence of relevant financial relationships.
   • NOTE: The phrase "planners and presenters" within this application refers to all individuals in control of educational content including, but not limited to, planners, planning committee members, presenters, teachers, authors, or anyone else who has control of, or responsibility for, content.

2. Individual identified to resolve conflicts of interest for planners and presenters. If a planner has no relationships, he or she usually assumes this responsibility. If a planner has a relevant financial relationship to disclose, the leadership of the content unit (e.g., department, division, section) should identify a non-conflicted faculty member with content expertise to assure independence and balance of content by reviewing and resolving the COI's for all other co-planners and presenters.
3. **Resolution of conflicts of interest.** For planners or presenters with relevant financial relationship to disclose, a mechanism for resolving the conflict of interest (COI) must be performed and documented prior to the start of the activity. For example, COI may be resolved by peer review or by not addressing the company's products.

4. **Disclosure to the participants before the activity.** The presence or absence of relevant financial relationships for all planners and presenters must be disclosed to participants before the activity begins.
   - Disclosure to participants must occur even for those planners and presenters who have no relationships.
   - For planners and presenters with a COI, the name of the person, the nature of the relationship, and the name of the commercial interest must be disclosed to participants.

5. **Documentation that disclosure to participants occurred must be routinely submitted to OCME&LL** after each session or annually.

**Definitions.** “Relevant financial relationships” are those in which an individual (including spouse/domestic partner) has both:

- a personal financial relationship (any amount) with an ACCME-defined commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 12 months, whether the relationship has now ended or is currently active.
- control in planning or presenting educational content addressing specific products of the commercial interest with whom the relationship exists (not simply a whole class of products as a group).

Examples of an ACCME-defined commercial interest include, but are not limited to, pharmaceutical companies and medical device manufacturers.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests. The following are not considered to be a commercial interest:

- Government organizations
- Non-health care related companies
- Liability insurance providers
- Group medical practices
- For-profit hospitals, rehabilitation centers, nursing homes
- Blood banks
- Diagnostic laboratories
- 501-C Non-profit organizations (Note: ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)

**Resources.** To assist planners in documenting the steps outlined above, OCME&LL makes available a variety of information, forms, and templates:

- Flowchart for Addressing Conflicts of Interest (COI) in CME Activities
- CME Disclosure form
- Annual Disclosure Summary (provided to OCME&LL at the beginning of each calendar year)
- Printed Disclosure Summary (provided to OCME&LL after each session)
- ACCME website
Other methods for disclosure and documentation may be acceptable. Please check with OCME&LL for guidance on other acceptable documentation.

Identification of Activities that Involve the Use of Products in Patient Care

Will any part of this CME activity include content related to products or services used on or consumed by patients? (e.g., medications or medical devices)

- Yes
- No

Based on your response to the previous question, no relevant financial relationships can exist.

Individual disclosure information from planners or presenters need not be collected. HOWEVER, disclosure to the participants that no relevant relationships exist and documentation of the disclosure statement made to participants must still occur:

- The absence of relevant financial relationships must be communicated to participants prior to the start of the activity, e.g., by advance email, handout provided to participants, or posted sign.
- Documentation of the disclosure provided to participants must be sent to OCME&LL, e.g., a copy of the advance email, handout provided to participants, or posted sign.

Options for disclosure to participants and associated documentation that disclosure occurred are discussed next.

Relevant financial relationships may exist. Since the activity being planned may address products or services of an ACCME-defined commercial interest, the following documentation is required:

- Completed CME Disclosure form for Planners and Presenters.
  - Planners With this application, submit CME Disclosure forms for the planner and other individuals who have a role in planning the content of the activity.
    - If resolution of COI is performed by someone other than a planner or co-planner, submit a copy of that individual's CME Disclosure form with this application.
  - Presenters CME Disclosure forms for presenters are due within 30 days of each session of the series.
    - If no COI's are identified, a copy of the documentation of the disclosure provided to participants stating the individual's absence of relevant
relationships is sufficient for the CME file. (For information on disclosure provided to participants, see next section "Disclosure to Participants & Documentation that Disclosure to Participants Occurred.")

- **Documentation of resolved COI's for all planners or presenters with relevant financial relationships.**
  - **Planners** With this application, submit completed CME Disclosure forms for all planners with the "Resolution" section completed.
  - **Presenters** Within 30 days of each session of the series, submit completed CME Disclosure forms for all presenters with the "Resolution" completed.
    - Note: Documentation of the resolution of presenter COI's must occur before the session begins.

- **Documentation of the disclosure provided to participants.** Within 30 days of each session, submit a copy of the disclosure documentation provided to participants before the session of the presence or absence of relevant relationships of the planners and presenters before the session.
  - Disclosure to participants must occur even for those individuals who have no relationships.
  - For individuals with a COI, the name of the person, the nature of the relationship, and the name of the commercial interest must be disclosed.

The steps for obtaining the documentation outlined above are described in the following sections.

### Identification of Relevant Financial Relationships at the Individual Level

**Planners:** Submit with the application for CME credit the completed CME Disclosure forms for the Faculty Planner and other individuals who have a role in planning the content of the activity. The CME Disclosure form is available [here](https://umichumhs.ut1.qualtrics.com/ControlPanel/Ajax.php?action=GetSurveyPrintPreview).

**Does the Faculty Planner have a current relevant financial relationship with an ACCME-defined commercial interest** whose products or services will be addressed in the CME activity?

- [ ] Yes
- [ ] No

At the beginning of this application, the individuals below were identified as co-planners for this activity.

- Submit with this application completed CME Disclosure forms for all individuals listed below
- Indicate which co-planners have identified COI's *(Check all that apply.)*

- [x] Co-planner
- [ ] Co-planner
- [ ] Co-planner
Individual Identified to Resolve Conflict of Interest for Planners and Presenters

Since the Faculty Planner does not have a current relevant financial relationship, he/she usually resolves the COI's of all other planners and presenters.

The individual identified will assume responsibility for the following:

- **Identification of COI.** The presence or absence of relevant financial relationships with ACCME-defined commercial interests for all planners and presenters should be collected and documented (typically using the CME Disclosure form) with sufficient lead time for any COI's to be identified and resolved prior to the presentation at the CME activity.

- **Resolution of COI.** Usual mechanisms for resolving a COI are noted in the Resolution section at the bottom of the CME Disclosure Form. If using the CME Disclosure form as documentation, the individual resolving COI notes the process used, then signs and dates the form to indicate that resolution occurred. Other methods for documentation may be acceptable. Please contact OCME&LL for guidance. The person performing the resolution must have no current financial relationships relevant to the content of the activity.

- **Documentation of resolution of COI.** When a planner or presenter has a COI, submit for the CME file a copy of the individual's CME Disclosure Form with the Resolution section completed. (Other methods of documentation of resolution may be acceptable. Contact OCME&LL for guidance.)

The individual without a financial relationship relevant to this activity who will be resolving COI is:

- Faculty Planner without a COI
- Faculty Co-Planner without a COI
- Other individual without a COI (Submit a completed CME Disclosure form for this individual to document that he/she has no COI.)
Since the Faculty Planner has a current relevant financial relationship, he/she should have the leadership of the content unit (e.g., department, division, section) identify a non-conflicted faculty member with content expertise to assure independence and balance of content by reviewing and resolving the COI's for all other co-planners and presenters.

**The individual identified will assume responsibility for the following:**

- **Identification of COI.** The presence or absence of relevant financial relationships with ACCME-defined commercial interests for all planners and presenters should be collected and documented (typically using the CME Disclosure form) with sufficient lead time for any COI's to be identified and resolved prior to the presentation at the CME activity.

- **Resolution of COI.** Usual mechanisms for resolving a COI are noted in the Resolution section at the bottom of the *CME Disclosure Form*. If using the *CME Disclosure* form as documentation, the individual resolving COI notes the process used, then signs and dates the form to indicate that resolution occurred. Other methods for documentation may be acceptable. Please contact OCME&LL for guidance. The person performing the resolution must have no current financial relationships relevant to the content of the activity.

- **Documentation of resolution of COI.** When a planner or presenter has a COI, submit for the CME file a copy of the individual’s CME Disclosure Form with the Resolution section completed. (Other methods of documentation of resolution may be acceptable. Contact OCME&LL for guidance.)

**The individual without a financial relationship relevant to this activity who will be resolving COI is:**

- Faculty Co-Planner without a COI
- Other individual without a COI (*Submit a completed CME Disclosure form for this individual to document that he/she has no COI.*)

**Disclosure to Participants & Documentation that Disclosure to Participants Occurred**

**Annual Disclosure Method**

This method of disclosure to participants is highly recommended for activities not being planned to address products or services of an ACCME-defined commercial
interest. All disclosure steps and documentation occur at beginning of the annual series each calendar year.

Steps and Required documentation for Annual Disclosure [Must be submitted with this application]

- **Disclosure to participants.** The presence or absence of relevant financial relationships for all planners and presenters must be communicated to participants prior to the start of the activity, e.g., by the annual disclosure form.
  - Disclosure to participants must occur even for those activities planned not to address products or services of an ACCME-defined commercial interest.

- **Documentation of disclosure to participants before the activity.** Documentation of the disclosure provided to participants must be sent to OCME&LL for the CME file, e.g., a copy of the annual disclosure form.

An examples of an Annual Disclosure Summary for Activities Not Planned to Address Products or Services of an ACCME-Defined Commercial Interest is available here, along with examples of other methods of disclosure.

**Would you like to disclose to participants via the Annual Disclosure method?**

- Yes
- No Please describe method (e.g., advance email, flyer, posted sign) to be used.

**Disclosure to Participants & Documentation that Disclosure to Participants Occurred**

ACCME requires the following:

- **Disclosure to participants.** The presence or absence of relevant financial relationships for all planners and presenters must be communicated to participants prior to the start of the activity, e.g., by advance email, handout, provided to participants, presentation slide, or posted sign.

- **Documentation of disclosure.** Documentation of the disclosure provided to participants must be sent to OCME&LL for the CME activity file, e.g., a copy of the advance email, handout, provided to participants, presentation slide, or posted sign.

Methods for meeting these requirements are described in the sections below.

**The presenters for this activity are:**

- also the attendees (e.g., a tumor board)
predetermined and scheduled well in advance (e.g., grand rounds)

- determined shortly before each session (e.g., case conference, M&M, journal club)

- Other

Disclosure to Participants & Documentation that Disclosure to Participants Occurred

Annual Disclosure Method

This method of disclosure to participants is highly recommended for activities whose participants regularly attend and present to one another (e.g., tumor board). All disclosure steps and documentation occur at beginning of the annual series each calendar year.

Required documentation for Annual Disclosure [Must be submitted with this application]

- **Documentation of resolution of COI before the activity.** For all planners and presenters with relevant financial relationships, submit documentation that the resolution of all COIs occurred along with this application.
  - Usual mechanisms for resolving a COI (e.g., peer review) are noted in the Resolution section at the bottom of the CME Disclosure Form. If using the CME Disclosure Form as documentation, the individual resolving COI notes the process used, then signs and dates the form to indicate that resolution occurred. The person performing the resolution must have no current relevant financial relationships relevant to the content of the activity. Other methods for documentation may be acceptable. Please contact OCME&LL for guidance.

- **Documentation of disclosure to participants before the activity.** Submit a copy of the information disclosed to participants before the activity began regarding the presence or absence of relevant financial relationships for all planners and presenters.
  - Disclosure to participants must occur even for those planners and presenters who have no relationships.
  - For planners and presenters with a COI, the name of the person, the nature of the relationship, and the name of the commercial interest must be disclosed.

*Note: When an individual has no COI, submitting a copy of the final documentation of disclosure made to participants is sufficient documentation of no COI; copies of the CME Disclosure forms need not be submitted to OCME&LL.*

An example of an Annual Disclosure Summary is available here.

Would you like to disclose to participants via the Annual Disclosure method?
Disclosure to Participants & Documentation that Disclosure to Participants Occurred

Disclosure on a Session-by-Session Basis

For activities with different presenters scheduled well in advance (e.g., grand rounds) or determined shortly before each session (e.g., case conference, M&M, journal club), three options for communicating planner and presenter disclosure information to participants are described below:

Disclosure in advance email sent to potential participants.
- Used for activities whose sessions are routinely announced to potential participants via email.
- An example of an Advance Email is available [here](#).

Disclosure in individual handout to potential participants.
- Used for activities that distribute educational materials to participants at every session
- Disclosure information must be placed toward the beginning of the handout material, so that participants can view the disclosure information prior to the beginning of a presentation or before reading substantive content related to the presentation.
- An example of an Printed Disclosure Summary is available [here](#).

Printed disclosure sign viewed by participants at the session.
- Used for activities that post information for participants to view at every session
- Disclosure information must be placed at the session entrance, at registration/sign in, or in presentation slides so that participants can view the disclosure information prior to the beginning of a presentation or before reading substantive content related to the presentation.
- An example of Printed Disclosure Signs is available [here](#).

Required documentation for ALL of the methods above:

- **Documentation of resolution of COI before the activity.** For all planners and presenters with relevant financial relationships, submit documentation that the resolution of all COIs occurred prior to each session of this activity.
  - Usual mechanisms for resolving a COI (e.g., peer review) are noted in the Resolution section at the bottom of the CME Disclosure Form. If using the CME Disclosure Form as documentation, the individual resolving COI notes the process used, then signs and dates the form to indicate that resolution occurred. The person performing the resolution must have no current relevant financial relationships relevant to the content of the activity. Other methods for documentation may be acceptable. Please contact OCME&LL for guidance.
• **Documentation of disclosure to participants before the activity.** Submit a copy (e.g., email, handout, presentation slide, or printed sign) of the information disclosed to participants before each session of the series regarding the presence or absence of relevant financial relationships for all planners and presenters.
  • Disclosure to participants must occur even for those planners and presenters who have no relationships.
  • For planners and presenters with a COI, the name of the person, the nature of the relationship, and the name of the commercial interest must be disclosed.

*Note: When an individual has no COI, submitting a copy of the final documentation of disclosure made to participants is sufficient documentation of no COI; copies of the CME Disclosure forms need not be submitted to OCME&LL.*

OCME&LL monitors documentation of disclosure to participants. OCME&LL will revoke credit designation for any CME activity in which a pattern of non-compliance is identified but not rectified.

Submit required documentation to Julie ReBeau at juliwils@umich.edu.

**Which method of disclosure to participants will you be using for this activity?**

- [ ] Advance email
- [ ] Individual handout to participants
- [ ] Printed disclosure sign
- [ ] Other *Please describe.*

**Commercial Support**

UMMS policy prohibits receiving commercial funding (gifts, grants, exhibit fees) to support UMMS CME activities, but allows in-kind commercial support (e.g., supplies, equipment). The commercial companies addressed in the policy are those that "produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients or biomedical research subjects."

**What is the source of commercial support for this activity?**

- [ ] None
- [ ] In-kind support

The CME activity and the in-kind commercial support must follow the ACCME Standards for Commercial Support as well as University of Michigan and Medical
School policies. The ACCME Standards address: (1) independence, (2) resolution of conflicts of interest, (3) appropriate use of commercial support, (4) appropriate management of associated commercial promotion, (5) content and format without commercial bias, and (6) disclosures relevant to commercial bias. These Standards, in their entirety, are available for review at www.accme.org.

Is this CME activity and the commercial support clearly within these Standards and policies?

☐ Yes
☐ No

All in-kind commercial support must be documented with a written agreement signed by both parties. The agreement must be signed before the CME activity occurs. Documentation of all commercial support is to be maintained in the central file for the CME activity. A copy of every written agreement must be submitted to the OCME&LL. Written agreements completed before the application is submitted should be attached to this application. Agreements completed later may be submitted as they are made. Copies of all agreements must be submitted before or with the Report on a CME Activity.

Will the Faculty Planner for this activity see that copies of agreements for all in-kind commercial support are submitted as they occur, attaching to this application copies of agreements completed to date?

☐ Yes
☐ No

All in-kind commercial support must be acknowledged to the participants and documentation that the acknowledgment occurred must be submitted to OCME&LL for the activity file. (Typically this information accompanies disclosures regarding the planner(s) and presenters.)

Will the Faculty Planner for this activity see that documentation of acknowledgment of support to participants is submitted to OCME&LL?

☐ Yes
☐ No

COMMERCIAL EXHIBITS, ADVERTISING, AND OTHER PROMOTIONAL ACTIVITIES

Will ACCME-defined commercial companies have commercial exhibits,
Exhibits, advertisements, and other promotional activities are allowed at UMMS CME activities. However, UMMS policy prohibits receiving funding (including exhibit fees) from commercial companies that “produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients or biomedical research subjects.” These commercial companies are permitted to exhibit, advertise, or engage in other promotional activities, but no fee can be charged. Other companies may be charged fees.

Will the Faculty Planner ensure that no ACCME-defined commercial companies be charged a fee for exhibits, advertisements, or other promotional activities in conjunction with this CME activity?

- Yes
- No

MANAGEMENT OF COMMERCIAL EXHIBITS, ADVERTISEMENTS, AND OTHER PROMOTIONAL ACTIVITIES AT CME ACTIVITIES

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

General restrictions:
- Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities.
- Promotional activities must be kept separate from CME.
- Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
- Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

Additional restrictions: Live activities (e.g., in person)

Commercial Exhibits:
- Commercial exhibits cannot be in the same room as the educational activity including immediately before, during, and after an activity.
- Commercial exhibits must occur within a designated area.
Advertising and Promotion:
- For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity.
- Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CME activity.

Additional restrictions: Internet live activities (e.g., webcast, live broadcasts)

Advertising and Promotion:
- Advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content.
- Advertising of any type is prohibited within the educational content of CME activities on the internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

Will the faculty planner ensure that the appropriate management of commercial promotion of this CME activity take place?

- [ ] Yes
- [ ] No

REQUIRED STATEMENTS ABOUT CREDIT

Printed Accreditation/Credit Designation Statements

The University of Michigan Medical School must be prominently displayed as the accredited provider on the program announcement and/or promotional material (e.g., letter of invitation, email notice, promotional brochure or flyer).

In addition, the following statements must be included on promotional materials associated with the activity:

The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Michigan Medical School designates this live activity for a maximum of _____ AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Note: The number of credits will be calculated by OCME&LL and provided in the approval letter. Credit is calculated at a 1:1 ratio of one hour of instruction equals one credit hour.

Will the Faculty Planner ensure that the accreditation and credit designation statement will be used appropriately on all promotional materials?

☐ Yes
☐ No

REQUIRED STATEMENTS ABOUT CREDIT

Printed Accreditation/Credit Designation Statements

The University of Michigan Medical School must be prominently displayed as the accredited provider on the program announcement and/or promotional material (e.g., letter of invitation, email notice, promotional brochure or flyer).

In addition, the following statements must be included on promotional materials associated with the activity:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Michigan Medical School and [insert name of non-accredited provider]. The University of Michigan Medical School is accredited by the ACCME to provide continuing medical education for physicians.

The University of Michigan Medical School designates this live activity for a maximum of ____ AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Note: The number of credits will be calculated by OCME&LL and provided in the approval letter. Credit is calculated at a 1:1 ratio of one hour of instruction equals one credit hour.

Will the Faculty Planner ensure that the accreditation and credit designation statement will be used appropriately on all promotional materials?

☐ Yes
☐ No

APPROVALS

Faculty Planner Approval
By typing your name below, the person completing this form (the Faculty Planner or his/her administrative designee), attests this application accurately describes the CME activity. The Faculty Planner agrees to accept responsibility for all requirements described in the application.

A copy of this application and all attachments will be emailed to the Faculty Planner, Administrative Contact (if applicable), and Department Chair upon submission.

Required Documentation

You're Almost Done!

REQUIRED DOCUMENTATION

The list below was generated by the answers provided throughout this application. All of the items are required and must be submitted along with this application for credit designation. Please attach each document requested in a single file.

Remember that your progress is automatically saved. If you don't have the required documentation gathered, simply close the window now and come back later using your unique application link. However, OCME&LL will not review the application until all documents are complete.

Note: Incomplete applications will be automatically deleted from the system after 30 days of no activity.

If you have difficulty attaching the documentation, you may mail it to: OCME&LL, 1301 Catherine St., 5101 Med Sci I, Ann Arbor, MI 48109-5611. Applications will not be processed until all required documentation has been received.

CME Disclosure Form (Click for form.)
Please attach all CME Disclosure forms in one file here.

You should include the CME Disclosure Forms for the:
- Faculty planner
- All faculty co-planners and/or planning committee members
- The person designated to resolve COI's for this activity, if not one of the above
- Faculty planner at the organization that is jointly providing this activity (if applicable)
Draft Budget for a Jointly Provided Activity. (Click for sample.)

Certificate of Attendance and Evaluation Form provided by the sponsoring Department that will be given to participants.

Approval letter from Faculty Affairs for honoraria over $1,500. If honoraria will be paid by another method (e.g., contracted services through the Purchasing Office), please contact OCME&LL.

Annual Disclosure Summary (Click for sample.)

Annual Disclosure Summary (Click for sample.)

CME Disclosure Forms for all presenters who have indicated a conflict of interest. (Click for form.)

Note: The "Resolution" section of these forms must be completed, signed, and dated by the person designated to resolve all planner and presenter COI's for this activity.
Sample of Email that will be sent to participants regarding the presence or absence of relevant financial relationships of the planner, co-planner, and presenters. (Click for sample.)

Sample of Printed Handout that will be given to participants regarding the presence or absence of relevant financial relationships of the planner, co-planner, and presenters. (Click for sample.)

Sample of Printed Sign that will be made visible to participants regarding the presence or absence of relevant financial relationships of the planner, co-planner, and presenters. (Click for sample.)

Sample of the method by which planner, co-planner, and presenter disclosure information will be communicated to participants.

Written Agreement for Commercial Support/Letter of Agreement (Click for sample.)

Printed Acknowledgment of the Source of Commercial Support that will be provided to participants. (Click for sample.)
Additional Documentation
Attach as one file here.

Additional Documentation
Attach as one file here.

Additional Documentation
Attach as one file here.

If you are ready to **SUBMIT** your application, please choose the **NEXT** button.

To **SAVE** your application so that you can continue working on it, simply close the browser window.